



PATENT  
Attorney Docket No. EXT-036

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Shuber  
SERIAL NO.: 09/514,865 GROUP NO.: 1634  
FILING DATE: February 28, 2000 EXAMINER: S. Sakelaris  
TITLE: Methods for Disease Detection

**CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8**

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Commissioner for Patents, Washington, DC 20231 on this 10<sup>th</sup> day of January, 2003.

*Wendy Martin*  
Wendy Martin

Commissioner for Patents  
Washington, D.C. 20231

Sir:

Submitted herewith is/are:

1. Transmittal Form (1 page);
2. Fee Transmittal (1 page);
3. Petition for Three-Month Extension of Time (1 page);
4. Check in the amount of \$460.00;
5. Amendment and Response (9 pages);
6. Return receipt postcard.

**RECEIVED TRANSMITTAL**

FEB 2003

JAN 16 2003

Complete if Known

Application Serial Number 09/514,865  
Filing Date February 28, 2000  
First Named Inventor Shuber  
Group Art Unit 1634  
Examiner Name S. Sakelaris  
Attorney Docket No. EXT-036

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JAN 23 2003  
TECH CENTER 1600/2900

**METHOD OF PAYMENT**

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other
2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.  
☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.
3. ☐ Applicant claims small entity status.

**FEE CALCULATION**

**1. FILING FEE**

Large Entity Fee (\$)	Fee Description	Fee Paid
740	Utility filing fee	
330	Design filing fee	
160	Provisional filing fee	

Number Filed	Number Extra	Rate	Amount
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Total Claims - 20 = x \$ 18.00 =

Independent Claims - 3 = x \$ 84.00 =

☐ Multiple Dependent Claim(s), if any \$280.00 =

TOTAL:

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$)

**2. AMENDMENT CLAIM FEES**

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total - = x \$ 18.00 =

Indep. - = x \$ 84.00 =

☐ First Presentation of Multiple Dep. Claim + \$280.00 =

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$)

**FEE CALCULATION (continued)**

**3. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description
130	65	Surcharge - late filing fee or oath
50	25	Surcharge - late provisional filing fee or cover sheet
130	130	Non-English specification
2,520	2,520	Request for ex parte reexamination
110	55	Extension for reply within first month
400	200	Extension for reply within second month
920	460	Extension for reply within third month
1440	720	Extension for reply within fourth month
1960	980	Extension for reply within fifth month
320	160	Notice of Appeal
320	160	Filing a brief in support of an appeal
280	140	Request for oral hearing
130	130	Petitions to the Commissioner
180	180	Submission of Information Disclosure Statement
740	370	Filing a submission after final rejection (37 CFR 1.129(a))
740	370	For each additional invention to be examined (37 CFR 1.129(b))
100	100	Certificate of Correction for applicant's error

Other fee (Specify)

Other fee (Specify)

SUBTOTAL (3) (\$ 460.00)

SUBTOTAL (1)

SUBTOTAL (2)

SUBTOTAL (3) 460.00

TOTAL (\$ 460.00)

**CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Administrator  
Testa, Hurwitz & Thibault, LLP  
High Street Tower-125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

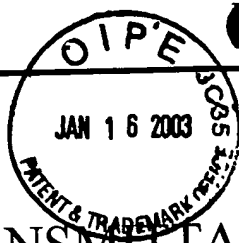
**SIGNATURE BLOCK**

Respectfully submitted,

Date: January 10, 2003  
Reg. No.: 36, 989  
Tel. No.: (617) 248-7013  
Fax No.: (617) 248-7100

Thomas C. Meyers  
Attorney for the Applicants  
Testa, Hurwitz & Thibault, LLP  
High Street Tower-125 High Street  
Boston, MA 02110

# TRANSMITTAL FORM



Application Serial Number	09/514,865
Filing Date	February 28, 2000
First Named Inventor	Shuber
Group Art Unit	1634
Examiner Name	S. Sakelaris
Attorney Docket No.	EXT-036
Patent No.	Not applicable
Issue Date	Not applicable

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JAN 23 2003

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## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Supplemental Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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125 High Street  
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Tel. No.: (617) 248-7000  
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## SIGNATURE BLOCK

Respectfully submitted,  
  
 Thomas C. Meyers  
 Attorney for Applicant(s)  
 Testa, Hurwitz & Thibault, LLP  
 High Street Tower  
 125 High Street  
 Boston, MA 02110  
 Date: January 10, 2003  
 Reg. No. 36,989  
 Tel. No.: (617) 248-7013  
 Fax No.: (617) 248-7100